

COVER LETTER
REQUIRED FORMAT FOR FACILITIES/EMPLOYERS
MISSISSIPPI STATE 30 PROGRAM

WAIVER REQUEST LETTER FROM PROSPECTIVE EMPLOYER TO MSDH

Ms. Perelia Taylor
Division Director
Office of Primary Care Liaison
Mississippi State Department of Health
Post Office Box 1700
Jackson, MS 39215-1700

Dear Ms. Taylor:

Letter of need must be written on the employer's letterhead stationery, to include the address, phone number and FAX number, if any. Letters of need, contracts, and forms must contain original signatures. Original letters of support from State and county officials must be mailed directly to the waiver review office.

The letter must also INCLUDE THE FOLLOWING:

1. A complete description of the program or activity in which the foreign-trained provider will be engaged, including factual evidence of the way in which the program or activity serves the national or international public interest, and any other facts considered germane.
2. Statement of need for the primary care or mental health physician in the community. See General Guidelines for minimum requirements.
3. Name of doctor and medical specialty.
4. Complete address of practice location including street address, city, county and specific Health Professional Shortage Area (HPSA).
5. Assertion that physician will practice primary/psychiatric care a minimum of 40 hours a week in a HPSA as determined by the U.S. Public Health Service. Include the days and hours of practice, counties of practice, and a statement that on-call and travel times are not included in the minimum hours.
6. Acknowledgment that all the terms and conditions of the Mississippi State Department of Health's J-1 Visa Policies have been incorporated into the employment agreement.